

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

32396

State File No.

FILED OCT 6 1952

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|---|--|---|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 251 | | PRIMARY REG. DIST. NO. 3048 | | Registrar's No. 225 | |
| 1. PLACE OF DEATH a. COUNTY Nodaway | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville | | c. LENGTH OF STAY (In this place) 9 Wks. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville | | 0742 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital | | | | d. STREET ADDRESS (If rural, give location) 422 East First 0 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM | | b. (Middle) ALBERT | | c. (Last) STRAUCH | | 4. DATE OF DEATH (Month) (Day) (Year) 9 27 52 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 4/13/97 | |
| 9. AGE (In years last birthday) 55 | | IF UNDER 1 YEAR Months Days Hours Min. | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce Dealer | | 10b. KIND OF BUSINESS OR INDUSTRY Vogt's Produce | |
| 11. BIRTHPLACE (State or foreign country) Dotham, Missouri | | | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME Phillip Strauch | | 13b. MOTHER'S MAIDEN NAME Mae Katharine Kahler | | 14. NAME OF HUSBAND OR WIFE Blanche Masters Strauch | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War I | | 16. SOCIAL SECURITY NO. 495-01-6153 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Wm. A. Strauch, Maryville, Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Afordid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus 2. | | | | INTERVAL BETWEEN ONSET AND DEATH 2 Mths | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION none | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 4201 | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from July 1952, to Sept. 27, 1952, that I last saw the deceased alive on Sept. 27, 1952, and that death occurred at 10:25 P.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE D. H. Byland | | (Degree or title) M. D. | | 23b. ADDRESS Maryville, Missouri | | 23c. DATE SIGNED 10-1-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 9/30/52 | | 24c. NAME OF CEMETERY OR CREMATORY Miriam | | 24d. LOCATION (City, town, or county) (State) Maryville, Mo. | |
| DATE REC'D BY LOCAL REG. 10-4-52 | | REGISTRAR'S SIGNATURE Lessa Hult | | 25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo. | | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 6 1951
OCT 16 1951

OCT 8 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed Arthur E. Hensley
Student Embalmer

Student Embalmer No. 461

Signed Elmer M. Price

Licensed Embalmer No. 1822

P. O. Address Marionville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.